

Mountain Post Medical Simulation Training Center Combat Medic Advanced Skills Training (CMAST) Registration Form

Registration for the Combat Medic Advanced Skills Training is required and should be on file with the School <u>30 days prior</u> to the course start date. Any questions please contact us at 719-526-2820, FAX 719-526-5351. For additional information go to website: www.carson.army.mil/units/MSE/mstc/index.html

Class Dates:	to			
Last Name:		First Name:	MI	
Rank: SSN:	PMOS	ETS:	Home Phone	
Unit:	Duty Phone	Email addre	ess (prefer AKO):	
COMPONENT (please circle on	e) RA/AR/NG/AF/FD/M	arshall / AMB Depai	tment / Other	
Prerequisites: • Must be able to lift or or	carry, at least 125 pounds.			
 The following items must be i Front and back copy o Copy of NREMT walle 	of current Health Care Provider		rior to seat confirmation:	
			Failure to be present at that time and date der will be notified. This course is intended for the second seco	
Signature:		CPR Expiration date (month/year):		
PLATOON SERGEANT (Militar	у)			
Signature:				
Rank: Last Name:		_ First Name:	Phone:	
UNIT COMMANDER, FIRST SE validates that the above soldier			OR is the approving authority and	
The above named soldier or cadditional duties or obligation	ivilian has unit authorization s during the course (CQ, SE	to attend the coul O, etc).	se on the above dates and has no further	
Commander/1SG Signature:				
Rank: Last Name:		First Name:	Phone:	
	Privacy .	Act Statement		
Disclosure of Social security Number	er (SSN) is voluntary however, fail	ure to provide SSN wi	Il result in the inability to properly credit training	

information into the required databases. Authority: 10 U.S.C. 3013 and E.O. 9397 (SSN).